

**SAGINAW COUNTY FRIEND OF THE COURT
INSTRUCTIONS FOR FILING
FEE WAIVER REQUEST (MC 20)**

1. Complete page 1 of the Fee Waiver Request.
2. Make two (2) copies of the above-mentioned form which you have completed and signed.
3. Attach a separate note to the original **Fee Waiver Request** requesting that the Court Clerk telephone you when the Order has been signed and is ready to be picked up. Be sure to leave a phone number where you can be reached.
4. Complete the Petition, which you intend to file.
5. Take to the County Clerk's Office the **Petition** and Original **Fee Waiver Request** (with two copies).
6. File the completed and signed **Petition** (according to the instructions provided by the Friend of the Court Office) and give the Clerk's Office the original and two (2) copies of the **Fee Waiver Request** (attach a note, providing a phone number where you can be reached.) The Clerk's Office will forward the Fee Waiver Request with the two (2) copies to the Court for the Judge's signature.
7. If you receive public assistance (**food stamps, Medicaid, cash assistance**) or social security income (**Supplemental Security Income SSI, Retirement, Survivors, Disability Insurance RSDI**), are represented by a legal services program, or have a gross household income under 125% of the federal poverty guidelines, you will qualify for the fee waiver.
8. If you do not receive public assistance or social security income, are not represented by a legal services program, or have a gross household income above 125% of the federal poverty guideline, you may qualify for a fee waiver only if the Judge determines that payment of the fees would constitute a financial hardship for you.
9. If the Judge determines payment of fees would constitute financial hardship the fees will be waived. If the Judge does not determine payment of fees would constitute financial hardship, then the fees will not be waived, and you will be responsible for paying the filing fee.
10. If the request has been granted, the Court will contact you by phone to indicate that the Order has been signed by the Judge.
11. Pick up the two (2) true copies of the Order the next day at the Saginaw County Clerk's Office.
12. If the Court has determined that the request for suspension of filing fees is denied, this will be indicated in the Order. In that instance, you will be required to pay the \$20.00 filing fee and the \$40.00 order fee if the petition pertains to support, or the \$20.00 filing fee and the \$80.00 order fee if the petition pertains to custody, parenting time, or domicile.

STATE OF MICHIGAN JUDICIAL DISTRICT JUDICIAL CIRCUIT COUNTY PROBATE	FEE WAIVER REQUEST	CASE NO. and JUDGE
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Court address _____

Court telephone no. _____

Plaintiff/Petitioner's name, address, and telephone no. _____ _____ _____	v	Defendant/Respondent's name, address, and telephone no. _____ _____ _____
Plaintiff/Petitioner's attorney, bar no., address, and telephone no. _____ _____		Defendant/Respondent's attorney, bar no., address, and telephone no. _____ _____
In the matter of _____		

Instructions: Complete this form and file it with the court. After you receive a decision on your request, you must serve your request and the decision on the other party(ies).

I request a waiver of my filing fees for the following reason: (Check 1, 2, or 3)

1. I receive the following type(s) of public assistance because of indigence:
- Food Assistance Program through the State of Michigan (also known as FAP or SNAP)
 - Medicaid (including Healthy Michigan, CHIP, and ESO)
 - Family Independence Program through the State of Michigan (also known as FIP or TANF)
 - Women, Infants, and Children benefits (WIC)
 - Supplemental Security Income through the federal government (SSI)
 - Other means-tested public assistance: _____
- My public assistance case number(s) (if any) is _____
Write "none" if no case number. Do not write your SSN.
2. I am represented by a legal services program or I receive assistance from a law school clinic because of indigence. The name of the legal services program or law school clinic is _____
3. I am unable to pay the fees and I did not check item 1 or 2 above.
- My gross household income is \$ _____ every _____
Week/Two weeks/Month/Year
- The number of people in my household is _____.
- My source of income is _____
- List assets and their worth, such as bank accounts. If you need more space, attach a separate sheet.

List obligations and how much you pay, such as rent or other debts. If you need more space, attach a separate sheet.

I declare under the penalties of perjury that this request has been examined by me and that its contents are true to the best of my information, knowledge, and belief.

Date _____	Signature _____
Approved, SCAO Form MC 20, Rev. 10/19 MCR 2.002 Page 1 of 2	Distribute form to: Court Applicant Other parties Friend of the court (when applicable)

CLERK WAIVER

1. Payment of filing fees is waived.

Signature of court clerk and date

ORDER

IT IS ORDERED:

1. Payment of filing fees is waived because:
- a. Your gross household income is under 125% of the federal poverty guidelines.
 - b. Your gross household income is above 125% of the federal poverty guidelines, but payment of the fees would constitute a financial hardship for you.
 - c. Other:

If you become able to pay the fees before this case is resolved, you must notify the court.

2. The fee waiver request is denied because:
- a. Your gross household income is above 125% of the federal poverty guidelines and payment of the fees would not constitute a financial hardship for you.
 - b. Other:

Judge/Magistrate (when authorized) signature and date

NOTICE

IF YOUR REQUEST WAS DENIED: To continue your case and preserve your filing date, you have 14 days from the issue date below to pay the filing fees or request a review. To request a review, fill out a Request for Review of Denied Fee Waiver (form MC 114) and file it with the court.

Issue date (completed by clerk)